

Fill in this information to identify your case and this filing:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

###### 1.1 4302 Cobblers Lane

Street address, if available, or other description

Dallas, TX 75287

City State ZIP Code

Collin

County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$407,850.00

Current value of the portion you own?

\$407,850.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

##### 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$407,850.00

Debtor 1 First Name	<u>Scott Anna</u>	Debtor 2 Middle Name	<u>Joseph Clymer</u>	Debtor 3 Last Name	<u>Imgrund Imgrund</u>
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Case number (if known) 19-43370

## Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No  
 Yes

3.1 Make:	<u>Lexus</u>	<b>Who has an interest in the property?</b> Check one.
Model:	<u>ES330</u>	<input type="checkbox"/> Debtor 1 only
Year:	<u>2006</u>	<input type="checkbox"/> Debtor 2 only
Approximate mileage:	<u>120000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only
Other information:	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	
Debtor drives this vehicle.		

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$3,425.00</u>	<u>\$3,425.00</u>

If you own or have more than one, list here:

3.2 Make:	<u>Nissan</u>	<b>Who has an interest in the property?</b> Check one.
Model:	<u>Altima</u>	<input type="checkbox"/> Debtor 1 only
Year:	<u>2003</u>	<input type="checkbox"/> Debtor 2 only
Approximate mileage:	<u>150000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only
Other information:	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	
Joint Debtor drives this vehicle.		

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$1,125.00</u>	<u>\$1,125.00</u>

3.3 Make:	<u>Volvo</u>	<b>Who has an interest in the property?</b> Check one.
Model:	<u>940</u>	<input type="checkbox"/> Debtor 1 only
Year:	<u>1994</u>	<input type="checkbox"/> Debtor 2 only
Approximate mileage:	<u>200000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only
Other information:	<input checked="" type="checkbox"/> Check if this is community property (see instructions)	
Inoperable - salvage value		

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<u>\$400.00</u>	<u>\$400.00</u>

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund	Case number (if known) <u>19-43370</u>
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3.4 Make:	<u>Toyota</u>	Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model:	<u>Previa</u>	<input type="checkbox"/> Debtor 1 only		
Year:	<u>1995</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage:	<u>200000</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other information:	Inoperable - salvage value	<input type="checkbox"/> At least one of the debtors and another		
<input checked="" type="checkbox"/> Check if this is community property (see instructions)			Current value of the entire property?	Current value of the portion you own?
			<u>\$250.00</u>	<u>\$250.00</u>

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$5,200.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

Couches (3) - \$300 TV cabinet - \$150 Coffee table - \$50 End tables - \$75 Kitchen table and chairs - \$250 Dining table and chairs - \$300 Refrigerator - \$250 Freezer - \$100 Stove - \$150 Microwave - \$50 Dishwasher - \$100 Washing machine - \$150 Dryer - \$75 Dishes - \$50 China - \$400 Cookware - \$100 Beds (3) - \$500 Dressers - \$400 Lamps and accessories - \$50 Lawnmower - \$50 Landscaping tools - \$50 China cabinet - \$150	<u>\$3,750.00</u>
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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

Televisions (4) - \$500 DVD players (2) - \$50 VCR - \$25 Computer - \$250 Video game system - \$50 Telephone - \$50 Cell phones - \$275 Camera - \$100 Camcorder - \$100	<u>\$1,400.00</u>
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8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

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Debtor 1 Scott  
Debtor 2 Anna  
First Name      Middle Name      Last Name  
Case number (if known) 19-43370

**9. Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

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**10. Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

Springfield 9mm Browning 22	\$275.00
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**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing and shoes	\$300.00
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**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

Jewelry	\$5,000.00
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**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

No

Yes. Describe.....

Dogs (2)	\$80.00
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**14. Any other personal and household items you did not already list, including any health aids you did not list**

No

Yes. Describe.....

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**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached**

for Part 3. Write that number here..... →

\$10,805.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1	Scott	Joseph	Imgrund	
Debtor 2	Anna	Clymer	Imgrund	Case number (if known) <u>19-43370</u>
	First Name	Middle Name	Last Name	

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes..... Cash..... \$5.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1. Checking account: Woodforest National Bank checking account no. 5396 \$296.00

17.2. Checking account: Midfirst Bank checking account no. 4324 \$98.00

17.3. Savings account: \_\_\_\_\_

17.4. Savings account: \_\_\_\_\_

17.5. Certificates of deposit: \_\_\_\_\_

17.6. Other financial account: \_\_\_\_\_

17.7. Other financial account: \_\_\_\_\_

17.8. Other financial account: \_\_\_\_\_

17.9. Other financial account: \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

Cuna Brokerage Services, LLC account no. 8866 \$0.00

Series E bond \$25.00

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	First Name	Middle Name	Last Name	

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- No  
 Yes. Give specific information about them.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_

20. Government and corporate bonds and other negotiable and non-negotiable instruments

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- No  
 Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_

21. Retirement or pension accounts

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- No  
 Yes. List each account separately.

Type of account: \_\_\_\_\_ Institution name: \_\_\_\_\_

IRA: Fidelity IRA no. 3942 \_\_\_\_\_ \$0.00 \_\_\_\_\_

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- No  
 Yes.....

Institution name or individual: \_\_\_\_\_

Electric: \_\_\_\_\_

Gas: \_\_\_\_\_

Heating oil: \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

Telephone: \_\_\_\_\_

Debtor 1 Debtor 2	First Name <b>Scott Anna</b>	Middle Name <b>Joseph Clymer</b>	Last Name <b>Imgrund Imgrund</b>	Case number (if known) <b>19-43370</b>
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Water: \_\_\_\_\_

Rented furniture: \_\_\_\_\_

Other: \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

No  
 Yes.....

Issuer name and description:  
\_\_\_\_\_  
\_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No  
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):  
\_\_\_\_\_  
\_\_\_\_\_

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No  
 Yes. Give specific information about them.... Beneficiary of parent's irrevocable trust \$0.00

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No  
 Yes. Give specific information about them.... \_\_\_\_\_ \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them.... \_\_\_\_\_ \_\_\_\_\_

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund	Case number (if known) <u>19-43370</u>
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28. Tax refunds owed to you

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
State: \_\_\_\_\_  
Local: \_\_\_\_\_

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

Alimony: \_\_\_\_\_  
Maintenance: \_\_\_\_\_  
Support: \_\_\_\_\_  
Divorce settlement: \_\_\_\_\_  
Property settlement: \_\_\_\_\_

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information.....

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value....

Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information.....

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

Debtor 1	Scott Anna	Joseph Clymer	Imgrund Imgrund	Case number (if known) <u>19-43370</u>
Debtor 2				
	First Name	Middle Name	Last Name	

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

<input type="text"/>	<input type="text"/>
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35. Any financial assets you did not already list

No

Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
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36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here..... →

\$424.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the portion you own?  
Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

<input type="text"/>	<input type="text"/>
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39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

<input type="text"/>	<input type="text"/>
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40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

<input type="text"/>	<input type="text"/>
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41. Inventory

No

Yes. Describe.....

<input type="text"/>	<input type="text"/>
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42. Interests in partnerships or joint ventures

No

Yes. Describe.....

Debtor 1 Scott  
Debtor 2 Anna  
First Name      Middle Name      Last Name

Case number (if known) 19-43370

Name of entity:

% of ownership:

\_\_\_\_\_ % \_\_\_\_\_ %

**43. Customer lists, mailing lists, or other compilations**

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

\_\_\_\_\_

**44. Any business-related property you did not already list**

No

Yes. Give specific  
information.....

\_\_\_\_\_

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached  
for Part 5. Write that number here..... →

\$0.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.

Yes. Go to line 47.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

No

Yes.....

\_\_\_\_\_

**48. Crops—either growing or harvested**

No

Yes. Give specific  
information.....

\_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

No

Yes.....

\_\_\_\_\_

Debtor 1	Scott Anna	Joseph Clymer	Imgrund Imgrund	Case number (if known) <u>19-43370</u>
Debtor 2	First Name	Middle Name	Last Name	

50. Farm and fishing supplies, chemicals, and feed

No  
 Yes.....

<input type="text"/>	<input type="text"/>
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51. Any farm- and commercial fishing-related property you did not already list

No  
 Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
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52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

<input type="text"/>	\$0.00
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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

<input type="text"/>	\$0.00
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Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →	<input type="text"/>	\$407,850.00
56. Part 2: Total vehicles, line 5	<input type="text"/>	\$5,200.00
57. Part 3: Total personal and household items, line 15	<input type="text"/>	\$10,805.00
58. Part 4: Total financial assets, line 36	<input type="text"/>	\$424.00
59. Part 5: Total business-related property, line 45	<input type="text"/>	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	<input type="text"/>	\$0.00
61. Part 7: Total other property not listed, line 54	+ <input type="text"/>	\$0.00
62. Total personal property. Add lines 56 through 61.....	<input type="text"/>	\$16,429.00
		Copy personal property total → + <input type="text"/>

Debtor 1	<u>Scott</u>	<u>Joseph</u>	<u>Imgrund</u>	
Debtor 2	<u>Anna</u>	<u>Clymer</u>	<u>Imgrund</u>	Case number (if known) <u>19-43370</u>
	First Name	Middle Name	Last Name	

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$424,279.00

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1.  You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 4302 Cobblers Lane Dallas, TX 75287	\$407,850.00	<input checked="" type="checkbox"/> \$333,290.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-002
Line from Schedule A/B: 1.1			
Brief description: 2006 Lexus ES330 Debtor drives this vehicle.	\$3,425.00	<input checked="" type="checkbox"/> \$3,425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: 3.1			
3. Are you claiming a homestead exemption of more than \$170,350?	(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)		
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 Debtor 2	<b>Scott Anna</b>	<b>Joseph Clymer</b>	<b>Imgrund Imgrund</b>	Case number (if known) <u>19-43370</u>
	First Name	Middle Name	Last Name	

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Brief description: 2003 Nissan Altima Joint Debtor drives this vehicle.	\$1,125.00	<input checked="" type="checkbox"/> \$1,125.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Line from Schedule A/B: <u>3.2</u>			
Brief description: Couches (3) - \$300 TV cabinet - \$150 Coffee table - \$50 End tables - \$75 Kitchen table and chairs - \$250 Dining table and chairs - \$300 Refrigerator - \$250 Freezer - \$100 Stove - \$150 Microwave - \$50 Dishwasher - \$100 Washing machine - \$150 Dryer - \$75 Dishes - \$50 China - \$400 Cookware - \$100 Beds (3) - \$500 Dressers - \$400 Lamps and accessories - \$50 Lawnmower - \$50 Landscaping tools - \$50 China cabinet - \$150	\$3,750.00	<input checked="" type="checkbox"/> \$3,750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>6</u>			
Brief description: Televisions (4) - \$500 DVD players (2) - \$50 VCR - \$25 Computer - \$250 Video game system - \$50 Telephone - \$50 Cell phones - \$275 Camera - \$100 Camcorder - \$100	\$1,400.00	<input checked="" type="checkbox"/> \$1,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Line from Schedule A/B: <u>7</u>			
Brief description: Springfield 9mm Browning 22	\$275.00	<input checked="" type="checkbox"/> \$275.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)
Line from Schedule A/B: <u>10</u>			
Brief description: Clothing and shoes	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)
Line from Schedule A/B: <u>11</u>			
Brief description: Jewelry	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)
Line from Schedule A/B: <u>12</u>			

Debtor 1 Scott  
Debtor 2 Anna

First Name Middle Name Last Name

Case number (if known) 19-43370

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
Dogs (2)	\$80.00	<input checked="" type="checkbox"/> \$80.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)
Line from Schedule A/B: <u>13</u>			

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any

2.1	Chase Mortgage Creditor's Name  Attn: Bankruptcy Dept  PO Box 24696 Number Street Columbus, OH 43224 City State ZIP Code	Describe the property that secures the claim: 4302 Cobblers Lane Dallas, TX 75287	\$47,783.00	\$407,850.00	\$0.00
	<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt	<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
		<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)			
	Date debt was incurred 10/1/2007	Last 4 digits of account number 4_0_0_8			
	Add the dollar value of your entries in Column A on this page. Write that number here:				\$47,783.00

Debtor 1  
Debtor 2

<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
First Name	Middle Name	Last Name

Case number (if known) 19-43370

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

<b>Column A</b>	<b>Column B</b>	<b>Column C</b>
<b>Amount of claim</b> Do not deduct the value of collateral.	<b>Value of collateral that supports this claim</b>	<b>Unsecured portion if any</b>

2.2 Specialized Loan Servicing/SLS Creditor's Name  Attn: Bankruptcy Dept 8742 Lucent Blvd #300 Number Street Highlands Ranch, CO 80129 City State ZIP Code	Describe the property that secures the claim:  4302 Cobblers Lane Dallas, TX 75287  As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Nature of lien. Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)	\$26,777.00	\$407,850.00	\$0.00
Date debt was incurred 6/1/2003	Last 4 digits of account number <u>9_9_3_2</u>			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$26,777.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$74,560.00		

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 <b>Internal Revenue Service</b> Priority Creditor's Name  <b>PO Box 7346</b> Number Street <b>Philadelphia, PA 19101</b> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? <u>12/31/2018</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,255.16</u>	<u>\$2,255.16</u>	<u>\$0.00</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
2.2 <b>Internal Revenue Service</b> Priority Creditor's Name  <b>PO Box 7346</b> Number Street <b>Philadelphia, PA 19101</b> City State ZIP Code	Last 4 digits of account number _____  When was the debt incurred? <u>2017</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,111.00</u>	<u>\$2,111.00</u>	<u>\$0.00</u>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>  <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 Debtor 2	Scott Anna	Joseph Clymer	Imgrund Imgrund	Case number (if known) <u>19-43370</u>
	First Name	Middle Name	Last Name	

Part 1: Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.				Total claim	Priority amount	Nonpriority amount	
2.3	<b>Internal Revenue Service</b> Priority Creditor's Name <u>PO Box 7346</u> Number Street <u>Philadelphia, PA 19101</u> City State ZIP Code				\$13,600.54	\$13,600.54	\$0.00
	Last 4 digits of account number _____ When was the debt incurred? <u>2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
	<b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____						
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>						
	<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						

Debtor 1 Debtor 2	Scott Anna	Joseph Clymer	Imgrund Imgrund
	First Name	Middle Name	Last Name

Case number (if known) 19-43370

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

4.1	<b>Acute Orthopedic Care Specialists</b>			<u>\$339.00</u>
Nonpriority Creditor's Name				Last 4 digits of account number <u>5103</u>
<u>15851 Dallas Parkway 530</u>				
Number Street				
<u>Addison, TX 75001</u>				
City		State	ZIP Code	
<b>Who incurred the debt? Check one.</b>				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.2	<b>Bank of America</b>			<u>\$15,572.00</u>
Nonpriority Creditor's Name				Last 4 digits of account number <u>5067</u>
<u>4909 Savarese Circle FL1-908-01-50</u>				
Number Street				
<u>Tampa, FL 33634</u>				
City		State	ZIP Code	
<b>Who incurred the debt? Check one.</b>				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
4.3	<b>Capital One</b>			<u>\$21,398.00</u>
Nonpriority Creditor's Name				Last 4 digits of account number <u>3627</u>
<u>Attn: Bankruptcy</u>				
<u>PO Box 30285</u>				
Number Street				
<u>Salt Lake City, UT 84130-0285</u>				
City		State	ZIP Code	
<b>Who incurred the debt? Check one.</b>				
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
<b>Is the claim subject to offset?</b>				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.4	<b>Credence Resource Management</b> Nonpriority Creditor's Name <u>17000 Dallas Parkway Suite 204</u> Number Street <u>Dallas, TX 75248</u> City State ZIP Code	Last 4 digits of account number <u>9939</u> When was the debt incurred? <u>06/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney</u>	<u>\$466.00</u>
4.5	<b>Credit Systems International, Inc</b> Nonpriority Creditor's Name <u>Attn: Bankruptcy</u> <u>PO Box 1088</u> Number Street <u>Arlington, TX 76004</u> City State ZIP Code	Last 4 digits of account number <u>3481</u> When was the debt incurred? <u>05/01/2019</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collection Attorney</u>	<u>\$114.00</u>
4.6	<b>Discover Financial</b> Nonpriority Creditor's Name <u>Attn: Bankruptcy Department</u> <u>PO Box 15316</u> Number Street <u>Wilmington, DE 19850-5316</u> City State ZIP Code	Last 4 digits of account number <u>9740</u> When was the debt incurred? <u>10/01/1998</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u>	<u>\$8,743.00</u>

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
Debtor 2	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name

Case number (*if known*) **19-43370**

## Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

**After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.**

4.7	<p><b>Dr. Yoav Hahn</b> Nonpriority Creditor's Name <b>7777 Forest Lane A-103</b> Number Street <b>Dallas, TX 75230</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify _____</p>	<b>\$500.00</b>
4.8	<p><b>Intouch Credit Union</b> Nonpriority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 250169</b> Number Street <b>Plano, TX 75025-0169</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>3913</u></p> <p><b>When was the debt incurred?</b> <u>07/01/2012</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>CreditCard</b></p>	<b>\$11,555.00</b>
4.9	<p><b>Key Whitman Eye</b> Nonpriority Creditor's Name <b>3060 Communications Parkway 205</b> Number Street <b>Plano, TX 75093</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>0751</u></p> <p><b>When was the debt incurred?</b> <u>08/15/2019</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify</p>	<b>\$55.00</b>

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	<b>Medicredit, Inc.</b> Nonpriority Creditor's Name  <b>PO Box 1629</b> Number Street <b>Maryland Heights, MO 63043</b> City State ZIP Code	Last 4 digits of account number <u>1255</u> When was the debt incurred? <u>07/01/2019</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$16.51</u>
4.11	<b>Navient</b> Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b> <b>PO Box 9000</b> Number Street <b>Wiles-Barr, PA 18773-9000</b> City State ZIP Code	Last 4 digits of account number <u>0413</u> When was the debt incurred? <u>04/01/2005</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$55,836.00</u>
4.12	<b>Navient</b> Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b> <b>PO Box 9000</b> Number Street <b>Wiles-Barr, PA 18773-9000</b> City State ZIP Code	Last 4 digits of account number <u>0421</u> When was the debt incurred? <u>04/01/2006</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Type of NONPRIORITY unsecured claim: <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Educational</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$37,685.00</u>

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	<p><b>Peshman Mirzakahani</b> Nonpriority Creditor's Name</p> <p><b>7451 Chapel Avenue</b> Number Street</p> <p><b>Fort Worth, TX 76116</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2217</u></p> <p>When was the debt incurred? <u>09/11/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b></p>	<b>\$350.00</b>
4.14	<p><b>Phoenix Financial Services, Llc</b> Nonpriority Creditor's Name</p> <p><b>Attn: Bankruptcy</b> PO Box 361450 Number Street</p> <p><b>Indianapolis, IN 46236</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>1557</u></p> <p>When was the debt incurred? <u>07/01/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b></p>	<b>\$1,198.00</b>
4.15	<p><b>Phoenix Financial Services, Llc</b> Nonpriority Creditor's Name</p> <p><b>Attn: Bankruptcy</b> PO Box 361450 Number Street</p> <p><b>Indianapolis, IN 46236</b> City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0377</u></p> <p>When was the debt incurred? <u>10/01/2019</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b></p>	<b>\$55.00</b>

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.16	<b>Physical Therapy of Plano</b> Nonpriority Creditor's Name <u>2301 Ohio Drive 133</u> Number Street <u>Plano, TX 75093</u> City State ZIP Code			Last 4 digits of account number _____	<u>\$1,455.00</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
				<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.17	<b>Physical Therapy of Plano</b> Nonpriority Creditor's Name <u>2301 Ohio Drive 133</u> Number Street <u>Plano, TX 75093</u> City State ZIP Code			Last 4 digits of account number _____	<u>\$455.00</u>
				When was the debt incurred? _____	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
				<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
4.18	<b>Premier Internist of North Texas</b> Nonpriority Creditor's Name <u>1 Medical Parkway 103</u> Number Street <u>Dallas, TX 75234</u> City State ZIP Code			Last 4 digits of account number <u>9819</u>	<u>\$600.00</u>
				When was the debt incurred? <u>05/24/2019</u>	
				As of the date you file, the claim is: Check all that apply.	
				<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
				Type of NONPRIORITY unsecured claim:	
				<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____	
				<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.				Total claim
4.19	<b>Radiology Associates of North Texas</b> Nonpriority Creditor's Name  <b>PO Box 1723</b> Number Street  <b>Indianapolis, IN 46206</b> City State ZIP Code			Last 4 digits of account number <u>7264</u> <span style="float: right;">\$114.00</span> When was the debt incurred? <u>06/05/2019</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Check if this claim is for a community debt</b>
				<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another
				<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4.20	<b>Synerprise Consulting Services, Inc</b> Nonpriority Creditor's Name  <b>Attn: Bankruptcy</b> <b>5651 Broadmoor St</b> Number Street  <b>Mission, KS 66202</b> City State ZIP Code			Last 4 digits of account number <u>6150</u> <span style="float: right;">\$690.00</span> When was the debt incurred? <u>03/01/2019</u>  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Collection Attorney</b>
				<b>Who incurred the debt? Check one.</b> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another
				<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
4.21	<b>Texas Health Presbyterian Hospital Plano</b> Nonpriority Creditor's Name  <b>6200 W. Parker Road</b> Number Street  <b>Plano, TX 75093</b> City State ZIP Code			Last 4 digits of account number _____ <span style="float: right;">\$1,000.00</span> When was the debt incurred? _____  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
				Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Check if this claim is for a community debt</b>
				<b>Who incurred the debt? Check one.</b> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another
				<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Scott Joseph Imgrund  
Debtor 2 Anna Clymer Imgrund  
First Name Middle Name Last Name

Case number (if known) 19-43370

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	<b>Windham Professionals</b> Nonpriority Creditor's Name  <b>PO Box 1048</b> Number Street  <b>Salem, NH 03079</b> City State ZIP Code	Last 4 digits of account number <u>0374</u>	\$16,102.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply.			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> <b>Check if this claim is for a community debt</b>			
<b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 First Name	Scott Anna	Joseph Clymer	Imgrund Imgrund
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Case number (if known) 19-43370

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

<b>Capital Management Services, LP</b> Name <b>698 1/2 South Ogden Street</b> Number Street <b>Buffalo, NY 14206</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Firstsource Advantage, LLC</b> Name <b>205 Bryant Woods South</b> Number Street <b>Amherst, NY 14228</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.2</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>AT&amp;T Wireless</b> Name <b>P.O. Box 5014</b> Number Street <b>Carol Stream, IL 60197</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.4</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
<b>Credit Systems International</b> Name <b>PO Box 1088</b> Number Street <b>Arlington, TX 76004</b> City State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor? Line <u>4.19</u> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
     	On which entry in Part 1 or Part 2 did you list the original creditor? Line _____ of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
     	Last 4 digits of account number _____

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
Debtor 2	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name

Case number (if known) 19-43370

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

- 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

Total claims from Part 1

<b>Total claim</b>		
6a. Domestic support obligations	6a.	\$0.00
6b. Taxes and certain other debts you owe the government	6b.	\$17,966.70
6c. Claims for death or personal injury while you were intoxicated	6c.	\$0.00
6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	\$0.00
6e. Total. Add lines 6a through 6d.	6e.	\$17,966.70

Total claims from Part 2

<b>Total claim</b>		
6f. Student loans	6f.	\$109,623.00
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	\$64,675.51
6j. Total. Add lines 6f through 6i.	6j.	\$174,298.51

Fill in this information to identify your case:

Debtor 1	<b>Scott</b> First Name	<b>Joseph</b> Middle Name	<b>Imgrund</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b> First Name	<b>Clymer</b> Middle Name	<b>Imgrund</b> Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for	
2.1	Name			
	Number	Street		
	City	State	ZIP Code	
2.2	Name			
	Number	Street		
	City	State	ZIP Code	
2.3	Name			
	Number	Street		
	City	State	ZIP Code	
2.4	Name			
	Number	Street		
	City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Imgrund, Anna Clymer

Name of your spouse, former spouse, or legal equivalent

4302 Cobblers Lane

Number Street

Dallas, TX 75287

City State ZIP Code

Yes.

In which community state or territory did you live? Texas. Fill in the name and current address of that person.

Imgrund, Scott Joseph

Name of your spouse, former spouse, or legal equivalent

4302 Cobblers Lane

Number Street

Dallas, TX 75287

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

3.1

Name

Number Street

City State ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	<b>Debtor 1</b>	<b>Debtor 2 or non-filing spouse</b>
<b>Employment status</b>	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not Employed
<b>Occupation</b>		
<b>Employer's name</b>		
<b>Employer's address</b>	Number Street	Number Street
	City	City
	State	State
	Zip Code	Zip Code
<b>How long employed there?</b>		

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
---------------------	--

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

2. \_\_\_\_\_ \$0.00      \_\_\_\_\_ \$0.00

3. Estimate and list monthly overtime pay.

3. + \_\_\_\_\_ \$0.00      + \_\_\_\_\_ \$0.00

4. Calculate gross income. Add line 2 + line 3.

4.

Debtor 1 Debtor 2	First Name <b>Scott Anna</b>	Middle Name <b>Joseph Clymer</b>	Last Name <b>Imgrund Imgrund</b>	Case number (if known) <b>19-43370</b>
			<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....→</b>			<b>4.</b>	<b>\$0.00</b>
<b>5. List all payroll deductions:</b>			<b>5a.</b>	<b>\$0.00</b>
<b>5b. Mandatory contributions for retirement plans</b>			<b>5b.</b>	<b>\$0.00</b>
<b>5c. Voluntary contributions for retirement plans</b>			<b>5c.</b>	<b>\$0.00</b>
<b>5d. Required repayments of retirement fund loans</b>			<b>5d.</b>	<b>\$0.00</b>
<b>5e. Insurance</b>			<b>5e.</b>	<b>\$0.00</b>
<b>5f. Domestic support obligations</b>			<b>5f.</b>	<b>\$0.00</b>
<b>5g. Union dues</b>			<b>5g.</b>	<b>\$0.00</b>
<b>5h. Other deductions. Specify: _____</b>			<b>5h.</b>	<b>+</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.			<b>6.</b>	<b>\$0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.			<b>7.</b>	<b>\$0.00</b>
<b>8. List all other income regularly received:</b>				
<b>8a. Net income from rental property and from operating a business, profession, or farm</b>			<b>8a.</b>	<b>\$0.00</b>
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
<b>8b. Interest and dividends</b>			<b>8b.</b>	<b>\$0.00</b>
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>			<b>8c.</b>	<b>\$0.00</b>
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
<b>8d. Unemployment compensation</b>			<b>8d.</b>	<b>\$0.00</b>
<b>8e. Social Security</b>			<b>8e.</b>	<b>\$0.00</b>
<b>8f. Other government assistance that you regularly receive</b>			<b>8f.</b>	<b>\$0.00</b>
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
Specify: _____				
<b>8g. Pension or retirement income</b>			<b>8g.</b>	<b>\$0.00</b>
<b>8h. Other monthly income. Specify: Trust Payments</b>			<b>8h.</b>	<b>\$1,811.77</b>
			<b>+</b>	<b>\$610.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.			<b>9.</b>	<b>\$1,811.77</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse			<b>10.</b>	<b>\$1,811.77</b>
			<b>+</b>	<b>\$610.00</b>
			<b>=</b>	<b>\$2,421.77</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b>				
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.				
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.				
Specify: _____			<b>11. +</b>	<b>\$0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies			<b>12.</b>	<b>\$2,421.77</b>
				<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>				
<input type="checkbox"/> No.	Debtor is looking for a job.			
<input checked="" type="checkbox"/> Yes. Explain:				

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

##### 2. Do you have dependents?

No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No.  Yes.

No.  Yes.

No.  Yes.

No.  Yes.

No.  Yes.

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \_\_\_\_\_ \$317.00

##### If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \_\_\_\_\_ \$0.00  
 4b. \_\_\_\_\_ \$0.00  
 4c. \_\_\_\_\_ \$50.00  
 4d. \_\_\_\_\_ \$0.00

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>	Case number (if known) <u>19-43370</u>
Debtor 2	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>	
	First Name	Middle Name	Last Name	

		<b>Your expenses</b>
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5. <u>\$1,421.00</u>
6.	<b>Utilities:</b>	
6a.	Electricity, heat, natural gas	6a. <u>\$285.00</u>
6b.	Water, sewer, garbage collection	6b. <u>\$124.00</u>
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$245.00</u>
6d.	Other. Specify: _____	6d. <u>\$0.00</u>
7.	<b>Food and housekeeping supplies</b>	7. <u>\$400.00</u>
8.	<b>Childcare and children's education costs</b>	8. <u>\$0.00</u>
9.	<b>Clothing, laundry, and dry cleaning</b>	9. <u>\$30.00</u>
10.	<b>Personal care products and services</b>	10. <u>\$0.00</u>
11.	<b>Medical and dental expenses</b>	11. <u>\$90.00</u>
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$200.00</u>
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. <u>\$50.00</u>
14.	<b>Charitable contributions and religious donations</b>	14. <u>\$0.00</u>
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. <u>\$0.00</u>
15b.	Health insurance	15b. <u>\$93.44</u>
15c.	Vehicle insurance	15c. <u>\$125.00</u>
15d.	Other insurance. Specify: _____	15d. <u>\$0.00</u>
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. <u>\$0.00</u>
17.	<b>Installment or lease payments:</b>	
17a.	Car payments for Vehicle 1	17a. _____
17b.	Car payments for Vehicle 2	17b. _____
17c.	Other. Specify: _____	17c. _____
17d.	Other. Specify: _____	17d. _____
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. <u>\$0.00</u>
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. <u>\$0.00</u>
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a.	Mortgages on other property	20a. <u>\$0.00</u>
20b.	Real estate taxes	20b. <u>\$0.00</u>
20c.	Property, homeowner's, or renter's insurance	20c. <u>\$0.00</u>
20d.	Maintenance, repair, and upkeep expenses	20d. <u>\$0.00</u>
20e.	Homeowner's association or condominium dues	20e. <u>\$0.00</u>

Debtor 1	Scott <u>Anna</u>	Joseph <u>Clymer</u>	Imgrund <u>Imgrund</u>	Case number (if known) <u>19-43370</u>
Debtor 2				
	First Name	Middle Name	Last Name	

21. Other. Specify: _____	21. + _____ \$0.00
22. Calculate your monthly expenses.	
22a. Add lines 4 through 21.	22a. _____ \$3,430.44
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b. _____ \$0.00
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. _____ \$3,430.44
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. _____ \$2,421.77
23b. Copy your monthly expenses from line 22c above.	23b. - _____ \$3,430.44
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. _____ (\$1,008.67)
24. Do you expect an increase or decrease in your expenses within the year after you file this form?	
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	None
<input type="checkbox"/> Yes.	

Fill in this information to identify your case:

Debtor 1	<b>Scott</b>	<b>Joseph</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b>	<b>Clymer</b>	<b>Imgrund</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets	
Value of what you own	
<b>1. Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$407,850.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$16,429.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$424,279.00

#### Part 2: Summarize Your Liabilities

Your liabilities	
Amount you owe	
<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$74,560.00
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$17,966.70
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	+ \$174,298.51
<b>Your total liabilities</b>	
	\$266,825.21

#### Part 3: Summarize Your Income and Expenses

<b>4. Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$2,421.77
<b>5. Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$3,430.44

Debtor 1  
Debtor 2

First Name	Scott Anna	Middle Name	Joseph Clymer	Last Name	Imgrund Imgrund
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Case number (if known) 19-43370

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$2,421.77

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations (Copy line 6a.) \$0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$17,966.70

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$0.00

9d. Student loans. (Copy line 6f.) \$109,623.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$0.00

9g. Total. Add lines 9a through 9f. \$127,589.70

Fill in this information to identify your case:

Debtor 1	<b>Scott</b> First Name	<b>Joseph</b> Middle Name	<b>Imgrund</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Anna</b> First Name	<b>Clymer</b> Middle Name	<b>Imgrund</b> Last Name
United States Bankruptcy Court for the:	<b>Eastern District of Texas</b>		
Case number (if known)	<b>19-43370</b>		

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Scott Joseph Imgrund  
Scott Joseph Imgrund, Debtor 1

Date 12/23/2019  
MM/ DD/ YYYY

X /s/ Anna Clymer Imgrund  
Anna Clymer Imgrund, Debtor 2

Date 12/23/2019  
MM/ DD/ YYYY